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APPLICANTS

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** CONTINUING DATA ***** *BAP (NONE)*

** FOREIGN APPLICATIONS ***** *BAP (NONE)*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 08/20/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials <i>BAP</i>	STATE OR COUNTRY CA	SHEETS DRAWING 13	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 3
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ADDRESS
20985
FISH & RICHARDSON, PC
12390 EL CAMINO REAL
SAN DIEGO , CA
92130-2081

TITLE
TRANSPORTING VARIABLE LENGTH ATM AAL CPS PACKETS OVER A NON-ATM-SPECIFIC BUS

FILING FEE RECEIVED 890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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